



**Texas Department of Insurance**  
**Division of Workers' Compensation**  
Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  AHMED KHALIFA, MD 3100 TIMMONS LANE SUITE 250 HOUSTON, TX 77027	MFDR Tracking #: M4-10-1921-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  JUDSON ISD Box #: 16	Date of Injury:
	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY

The Requestor did not submit a position statement in accordance with rule §133.307.

Amount in Dispute: \$532.17

### PART III: RESPONDENT'S POSITION SUMMARY

The Respondent did not respond.

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
7/31/09	99242	N/A	\$136.69	\$0.00
7/31/09	95861	N/A	\$11.30	\$0.00
7/31/09	95900-59	N/A	\$196.70	\$0.00
7/31/09	95904	N/A	\$162.48	\$0.00
7/31/09	99070*	N/A	\$25.00	\$0.00
			<b>Total Due:</b>	<b>\$0.00</b>

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

\*The requestor listed CPT code 99707 on the DWC table. The correct code is CPT code 99070 per the CMS-1500.

#### Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §134.203 sets out the medical fee guidelines for professional services rendered on or after March 1, 2008.
- 28 Tex. Admin. Code §133.305 set out the general guidelines for medical dispute resolution.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 8/26/2009

- ANSI116 – Claim/service lacks information which is needed for adjudication. Code must be provided.
- ANSI197 – Precertification/authorization/notification absent.
- ANSI50 – These are non-covered services because this is not deemed a medical necessity by the payer.

- ANSI219 – Based on extent of injury.
- ANSIW1 – Workers compensation state fee schedule adjustment

Explanation of benefits 9/17/2009

- 197 – Precertification/authorization/notification absent
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- W1 – Workers compensation state fee schedule adjustment
- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- Payment denied/reduced for absence of precertification/authorization.
- Request was only for the NCV study.

### Issues

1. Are there unresolved extent of injury issues and unresolved medical necessity issues?
2. Was CPT code 95861 paid according to the medical fee guidelines?
3. Is CPT code 99070 a bundled code?
4. Is the requestor entitled to reimbursement?

### Findings

1. The requestor billed CPT code 95900-59 (motor nerve conduction study without F-wave) x 4 units and CPT code 95904 (sensory nerve conduction study) x 4 units. The Carrier paid the MAR amount for 2 units each for these two CPT codes. On the explanation of benefits, the carrier denied the service for the additional 2 units with reason code ANSI219 "Based on extent of injury". The requestor also billed CPT code 99242, denied by the carrier per the explanation of benefit reason code ANSI50 "These are non-covered services because this is not deemed a medical necessity by the payer". Pursuant to rule §133.305(b) Dispute Sequence. If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021. The requestor did not submit this dispute in accordance with rule §133.305 and therefore reimbursement for the two additional units of CPT codes 95900 and 95904 as well as CPT code 99242 is not recommended.
2. The requestor was paid \$164.18 for CPT code 95861 and is seeking an additional \$11.30. The MAR amount for CPT code 95861 is \$164.18. No additional payment is due for this code.
3. The requestor is also seeking reimbursement for CPT code 99070. Per NCCI edits, CPT code 99070 is always bundled into payment of other services. Therefore, reimbursement for CPT code 99070 is not recommended.

### Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Medical Fee Dispute Resolution Officer	12/7/10 <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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## **PART VII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**